

required)



Please type a plus sign (+) inside this box -> +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## NC 29256 Attorney Docket Number **DECLARATION FOR UTILITY OR** Patel First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** April 30, 2001 Filing Date Declaration ☐ Declaration OR Submitted after Initial Submitted Group Art Unit Filing (surcharge with Initial (37 CFR 1.16 (e)) **Examiner Name** Filing

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
METHOD AND APPA	METHOD AND APPARATUS FOR ADJUSTING A DIALING SEQUENCE BASED ON							
	LOCATION							
		Fitle of the Invention)						
the specification of which	( ,	we of the miverisory						
is attached hereto								
OR  was filed on (MM/DD/YYYY)		as United St	tates Application I	Number or PC I	International			
· ·				(i	if applicable).			
Application Number	and was a	mended on (MM/DD/YY	YY)					
I hereby state that I have reviewed amended by any amendment spe			ntified specification	n, including the	claims, as			
l acknowledge the duty to disclose	imformaction which is m	natorial to potantability as	defined in 27 CE	D 1 FG includia	a for continuation			
in-part applications, material information of the PCT international filing date of the	mation which became a	vailable between the filin	ng date of the prio	r application an	d the national or	-		
l bereby claim foreign priority ben	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's							
certificate, or 365(a) of any PCT i	international application	n which designated at lea	ast one country of	ther than the U	nited States of			
America, listed below and have certificate, or any PCT internation	also identified below, al application having a f	by checking the box, a filing date before that of t	iny foreign applic he application on	ation for paten which priority is	t or inventors claimed			
Prior Foreign Application	ar application maring a	Foreign Filing Date	Priority		py Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO NO			
			H		R			
			H	님	H			
					<u> </u>			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Application Number(s) Filing Date (MM/DD/YYYY)							
	Additional provisional application numbers are listed on a							
		supplemental priority data sheet						
		PTO/SB/02B attached hereto.						
<del>-</del>								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+	) inside this box	-	+
----------------------------	-------------------	---	---

Please type a plus sign (+) inside this box 

+ PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if a	ame of Additional Joint Inventor, if any:    A petition has been filed for this unsigned inventor					this unsigned inventor		
Given Name (first and middle [if any])				Family N	lame or	Sumame		
Milan			Pa	atel				
Inventor's Signature Mule Want			Date 4/30/01					
Residence: City San Marcos	Staf	<sub>te</sub> CA		Country USA		Citizenship USA		
Mailing Address 1738 Medinah Road								
Mailing Address				•		,		
City San Marcos	Sta	State CA ZIP 92069 Count		try USA				
Name of Additional Joint Inventor, if a	ny:			A petition has been fi	iled for ti	his unsigned inventor		
Given Name (first and middle [if any	1)			Family Name or Surname				
				į.				
Inventor's Signature	;					Date		
Residence: City	Sta	ute		Country	Citizenship			
Mailing Address								
Mailing Address								
City	Str	ate		ZIP	Co	untry		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]	 )			Fami	ly Name	or Surname		
Inventor's Signature			Date					
Residence: City	State			Country		Citizenship		
Mailing Address								
Mailing Address								
City	State			710		Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	<b>→</b> [	+	
---------------------------------------------	------------	---	--

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if a	ny:			A petition has been file	ed for th	nis unsigned inventor	
Given Name (first and middle [if any])				Family Nan	ne or S	urname	
Dandi			Ly	nde-Redman			
Inventor's Signature						Date	
Residence: City Riverton	State WY Country		Country USA		Citizenship USA		
Mailing Address 98 Bee Road							
Mailing Address							
City Riverton	Staf	<sub>te</sub> WY		ZIP 82501	Country USA		
Name of Additional Joint Inventor, if a	ny:			A petition has been filed			
Given Name (first and middle [if any	])		Family Name or Surname				
Anders				•			
Inventor's Signature Date					Date		
Residence: City San Diego	State CA			Country USA		Citizenship Danish	
Mailing Address 12902 Dorthea Terrace						-	
Mailing Address				1	<del>,</del>		
City Poway	State CA			ZIP USA	Cour	Danish htry	
Name of Additional Joint Inventor, if a	ny:			A petition has been filed	for this	unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City State		Country			Citizenship		
Mailing Address							
Mailing Address							
City State			ZIP	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.